DLN: 93493225012041 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

111d	ı Kever	nue Service							Inspection
A F	or the	e <b>2019</b> c		nning 10-01-2019 $$ , and ending 09-	30-2020				
		pplicable:	C Name of organization NATIONAL PUBLIC RADIO INC			D En	nployer ide	ntifica	tion number
	dress c me cha	change				52	-0907625		
	tial ret		Doing business as						
☐ Fina	al return	n/terminated	NPR			F Tal	ephone nun	nhor	
		d return	Number and street (or P.O. box if m 1111 NORTH CAPITOL STREET NE	nail is not delivered to street address) Room/s	suite		•		
⊔ Ар	piicatio	on pending		Intry, and ZIP or foreign postal code		(20	02) 513-2	000	
			WASHINGTON, DC 20002	intry, and ZIP or foreign postal code		<b>C</b> Cr	oss receipts	± 410	642 220
			<b>F</b> Name and address of principa	al officer:	П(2)				
			JOHN F LANSING			Is this a grou		ror	□ <sub>Yes</sub> ☑ <sub>No</sub>
			1111 NORTH CAPITOL STREET I WASHINGTON, DC 20002	NE	Н(b)	Are all subor			
[ Ta:	x-exem	mpt status:	<u> </u>	(; , )	→       ` ´	included?			☐ Yes ☐No
1 147	ahait.	\ \\\\\	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 527	H(c)	If "No," attac Group exem	•		structions)
, ,	enziti	.e. P VV VV	W.NFR.ORG		` ´	Croup exem	peron mann	DC: F	
<b>∢</b> Forr	n of or	rganization:	Corporation Trust Asso	ociation Other ►	<b>L</b> Year	of formation: 19	970 <b>M</b> St	ate of I	egal domicile: DC
Pa	art I		mary						
			scribe the organization's mission o	or most significant activities: MEMBER PUBLIC RADIO STATION LICEN	ISEES TO	CDEATE A MA	ODE INICOL	MED	DUBLIC ONE
				BY A DEEPER UNDERSTANDING AND AP					
<b>.</b>	I	INC. ACCO	MPLISHES ITS MISSION BY PRO	DUCING, ACQUIRING, AND DISTRIBUTI	NG NONC	OMMERCIAL	PROGRAM	MING	THAT MEETS THE
<u>ဒ</u> ို	+	HIGHEST	STANDARDS OF PUBLIC SERVICE	IN JOURNALISM AND CULTURAL EXPRE	SSION; F	REPRESENTIN	G ITS MEN	4BER S	STATIONS IN
<u> </u>	_∾	MATTERS	OF THEIR MUTUAL INTEREST; AN	ID PROVIDING SATELLITE INTERCONNE	CTION FO	OR THE ENTIR	E PUBLIC	RADIC	SYSTEM.
<u> </u>	-								
ૂ	-								
Activities & Governance				scontinued its operations or disposed of			net assets		
9	3	Number o	of voting members of the governing	ng body (Part VI, line 1a)			L	3	23
Ē	4	Number o	of independent voting members o	f the governing body (Part VI, line 1b)				4	22
5	5	Total nun	nber of individuals employed in ca	alendar year 2019 (Part V, line 2a) .				5	1,307
•	6	Total nun	nber of volunteers (estimate if ne	cessary)				6	22
	7a '	Total unr	elated business revenue from Par	t VIII, column (C), line 12				7a	62,278,945
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39				7b	(
						Prior Yea	ır	Cı	urrent Year
Q.	8	Contribut	ions and grants (Part VIII, line 1h)	)		109,	112,881		102,284,21
ēn Uē A	9	Program	service revenue (Part VIII, line 2g	)		163,	474,736		166,084,64
Rev	10	Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d )		1,	310,839		2,717,04
_	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		3,	809,460		6,519,22
	12	Total reve	enue—add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)		277,	707,916		277,605,12
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3 )		1,	986,515		1,371,67
	14	Benefits p		olumn (A), line 4)			0		(
83	15	Salaries,	paid to or for members (Part IX, c						
Expenses	16a		·	enefits (Part IX, column (A), lines 5-10)		155,	969,720		167,047,33
9		Professio	·			155,	969,720		167,047,33
~	b ·		other compensation, employee be	mn (A), line 11e)		155,			167,047,33
ঐ	1	Total fundr	other compensation, employee be nal fundraising fees (Part IX, colu	mn (A), line 11e)					167,047,33 ( 123,314,60
ភ្ន	17	Total fundr Other exp	other compensation, employee be anal fundraising fees (Part IX, colu- aising expenses (Part IX, column (D),	Imn (A), line 11e)		114,	0		(
	17 18	Total fundr Other exp Total exp	other compensation, employee be inal fundraising fees (Part IX, colu- raising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ	Imn (A), line 11e)		114, 272,	763,884		123,314,60
	17 18	Total fundr Other exp Total exp	other compensation, employee be inal fundraising fees (Part IX, colu- raising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ	Imn (A), line 11e)		114, 272,	763,884 720,119 987,797		123,314,60° 291,733,61°
	17 18 19	Total fundr Other exp Total exp Revenue	other compensation, employee be anal fundraising fees (Part IX, colu- raising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ- less expenses. Subtract line 18 fr	mn (A), line 11e)		114, 272, 4, inning of Curr	763,884 720,119 987,797 ent Year		123,314,60 291,733,61 -14,128,49 End of Year
	17 18 19	Total fundr Other exp Total exp Revenue	other compensation, employee be inal fundraising fees (Part IX, colu- raising expenses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equ- less expenses. Subtract line 18 fr	mm (A), line 11e)		114, 272, 4, inning of Curr 374,	763,884 720,119 987,797 ent Year		123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59°
	17 18 19 20 21	Total fundr Other exp Total exp Revenue Total asso	other compensation, employee be anal fundraising fees (Part IX, columation) column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the substance of	Imn (A), line 11e)		114, 272, 4, inning of Curr 374, 234,	763,884 720,119 987,797 ent Year 768,060 687,968		123,314,60 291,733,61 -14,128,490 End of Year 392,176,590 265,031,51
Net Assets or Fund Balances	17 18 19 20 21 22	Total fundr Other exp Total exp Revenue Total asso Total liab Net asset	other compensation, employee be anal fundraising fees (Part IX, columation) column (D), benses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the substance of	Imn (A), line 11e)		114, 272, 4, inning of Curr 374, 234,	763,884 720,119 987,797 ent Year		123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59°
Net Assets or	17 18 19 20 21 22	Total fundr Other exp Total exp Revenue  Total asso Total liab Net asset  Sign:	other compensation, employee be anal fundraising fees (Part IX, columation) column (D), benses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the state of the sta	Imn (A), line 11e) line 25) 11,101,661  11a-11d, 11f-24e)  ual Part IX, column (A), line 25)  rom line 12  21 from line 20	Beg	114, 272, 4, inning of Curr 374, 234, 140,	0 763,884 720,119 987,797 ent Year 768,060 687,968 080,092		123,314,60° 291,733,61° -14,128,490  End of Year  392,176,590 265,031,51° 127,145,088
Net Assets or Laborate Balances	17 18 19 20 21 22 at II penaledge	Total fundr Other exp Total exp Revenue  Total asset Total liab Net asset  Sign: alties of p and belie	other compensation, employee be anal fundraising fees (Part IX, columation) column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the substance of the substance (Part X, line 16)	Imn (A), line 11e)	Beg	114, 272, 4, inning of Curr 374, 234, 140,	763,884 720,119 987,797 ent Year 768,060 687,968 080,092	d to th	123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59° 265,031,51° 127,145,08°
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Net Assets or Laborate Balances	17 18 19 20 21 22 at II penaledge	Total fundr Other exp Total exp Revenue  Total assort Total liab Net asset  Sign: alties of pr and belie edge.	other compensation, employee be anal fundraising fees (Part IX, columation) consess (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equal less expenses. Subtract line 18 from the substance of the substance	Imn (A), line 11e)	Beg	114, 272, 4, inning of Curr 374, 234, 140,	763,884 720,119 987,797 ent Year 768,060 687,968 080,092	d to th	123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59° 265,031,51° 127,145,08°
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Duden Balances  Truck Balances  Truck Balances	17 18 19 20 21 22 at II penaledge nowle	Total fundr Other exp Total exp Revenue  Total asset  Total liab Net asset  Signation Signatur  DEBOR	other compensation, employee be anal fundraising fees (Part IX, columation) column (D), penses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	Imn (A), line 11e)	Beg	114, 272, 4, inning of Curr 374, 234, 140, les and stater ased on all in	763,884 720,119 987,797 ent Year 768,060 687,968 080,092	d to th	123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59° 265,031,51° 127,145,08°
Duden Balances  Truck Balances  Truck Balances	17 18 19 20 21 22 at II penaledge nowle	Total fundr Other exp Total exp Revenue  Total assort Total liab Net asset  Signal alties of pound belief edge.  DEBOR Type o	other compensation, employee be an al fundraising fees (Part IX, columation) column (D), benses (Part IX, column (A), lines enses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the substance of	Imn (A), line 11e)	Beg	114, 272, 4, inning of Curr 374, 234, 140, les and stater ased on all in	763,884 720,119 987,797 ent Year 768,060 687,968 080,092 ments, and formation	d to th	123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59° 265,031,51° 127,145,08°
Net Assets or Juden Salances  Hearing Balances	17 18 19 20 21 22 rt II penaledge nowle	Total fundr Other exp Total exp Revenue  Total assort Total liab Net asset  Signal alties of pound belief edge.  DEBOR Type o	other compensation, employee be anal fundraising fees (Part IX, columation) fees (Part IX, columation) feeses (Part IX, column (D), penses (Part IX, column (A), lines enses. Add lines 13–17 (must equalists expenses. Subtract line 18 from the substance of the su	Imn (A), line 11e)  line 25) 11,101,661  11a-11d, 11f-24e)  ual Part IX, column (A), line 25)  rom line 12  21 from line 20  nined this return, including accompanying Declaration of preparer (other than of	Beg	114, 272, 4, inning of Curr 374, 234, 140, les and stater ased on all in  2021-08-13 Date  Check	763,884 720,119 987,797 ent Year 768,060 687,968 080,092 ments, and formation	d to the of whi	123,314,60° 291,733,61° -14,128,49° End of Year 392,176,59° 265,031,51° 127,145,08°
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Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019)					Page <b>2</b>
Pa	statement o	f Program Serv	ice Accomplis	hments		
	Check if Schedu	ule O contains a res	ponse or note to a	any line in this Part III		🗹
1	Briefly describe the org	ganization's mission	:			
INVI PROI JOUF	GORATED BY A DEEPER DUCES, ACQUIRES, AND	UNDERSTANDING A DISTRIBUTES NON EXPRESSION; NPR	AND APPRECIATION COMMERCIAL PROPERTY ITS	N OF EVENTS, IDEAS A DGRAMMING THAT MER S MEMBER STATIONS I	E A MORE INFORMED PUBLIC - ( AND CULTURES.TO ACCOMPLISH ETS THE HIGHEST STANDARDS ( N MATTERS OF THEIR MUTUAL I	I ITS MISSION, NPR OF PUBLIC SERVICE IN
2	Did the organization un	, <del>-</del>		vices during the year w	hich were not listed on	□ Yes ☑ No
	If "Yes," describe these					
3	Did the organization ce			changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe these	e changes on Sched	ule O.			
4		501(c)(4) organiza	tions are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code: See Additional Data	) (Expenses \$	163,018,967	including grants of \$	1,371,675 ) (Revenue \$	92,288,648 )
4b	(Code: See Additional Data	) (Expenses \$	19,248,863	including grants of \$	) (Revenue \$	7,741,419 )
4c	(Code:	) (Expenses \$	807,388	including grants of \$	) (Revenue \$	3,806,540 )
	See Additional Data					
	See Additional Data  (Code: CONSUMER PRODUCTS	) (Expenses \$	422,044	including grants of \$	) (Revenue \$	368,790 )
4d	(Code:		,	including grants of \$	) (Revenue \$	368,790 )
4d	(Code: CONSUMER PRODUCTS	s (Describe in Sche	,		) (Revenue \$ ) (Revenue \$	368,790 ) 368,790 )

Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{Solution}$ .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15		15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

	990 (2019)			Page
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
1	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Na
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
alr	Statements Regarding Other IRS Filings and Tax Compliance	,		_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1b

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

0

**1**c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage <b>3</b>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:   RS	4a	Yes	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No

	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to l	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	<u>.</u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC , AL , AK , AR , CA , CO , CT , GA , HI , MD , MA , MI , MN , MS , MO , NH , NJ , NI , OK , OR , PA , RI , SC , TN , UT , VA , WA	۷, NY	NC , NI	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NPR DEBORAH A COWAN CFO 1111 NORTH CAPITOL ST NE WASHINGTON, DC 20002 (202) 513-2000			

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours per week l</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		(A) Name and title Average hours per week (list any hours for related					s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

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Par	t VII Section A. Officers, Direct	tors, Trustees (B)	, Key	Emp			, and	Higl			<del></del>	(con		
	<b>(A)</b> Name and title	than o	ne b	ox, in of tor/t	t ch unle fice rust		son	Rep comp fro orga	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensatio from relate organizatior (W-2/1099	on d ns	Estim amount of comper from organizat	ated of other sation the	
		organizations below dotted line)  Individual frustee  Individual frustee  Individual frustee						relai organiz	ed					
See A	Additional Data Table													
	ub-Total						•					Ţ		
	otal from continuation sheets to Pa otal (add lines 1b and 1c)						<b>&gt;</b>		10,	606,307		0		872,613
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov-	e) who	rec	eived mo	ore than \$	100,000			
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			ee, k		mpl	oyee,	or hi	ghest co	mpensate	d employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable (	comp	ensa						m the	3	Yes	
5	Did any person listed on line 1a receive services rendered to the organization									tion or in	dividual for	4	Yes	
Se	ction B. Independent Contract	, ,										5		No
1	Complete this table for your five higher from the organization. Report comper											ompen	sation	
	Name a	(A) and business addre	ess			_				De:	(B) scription of services		(c Compe	c) nsation
	-IT PRODUCTIONS									ACQUIRED	PROGRAMS		4	,818,195
BERKE	ALCATRAZ AVE SUITE 368 ELEY, CA 94705 ONFERENCES LLC									ACOUIDED	PROGRAMS			3,525,816
	UDSON STREET FLOOR 12									ACQUINEL	PROGRAMS			5,323,610
NEW Y	YORK, NY 10013									ACQUIRED	PROGRAMS		3	3,024,525
	ON UNIVERSITY PO BOX 28770 YORK, NY 10087													
	IZZ INC									SERVICES	- ADSWIZZ SERVIC	CING	1	,962,112
SAN M	ELLSWORTH AVENUE MATEO, CA 94401													
WHYY	INC ORTH SIXTH STREET									ACQUIRED	PROGRAMS		1	,937,502
PHILA	OKIH SIXIH SIKEEI DELPHIA, PA 19106 Otal number of independent contractor	rs (including but	not lim	ited (	to th	INCE.	listed	abo	(e) who	received r	nore than \$100 (	nn of		
	ompensation from the organization > :		AUC IIIII	cu			naceu	2001	· - / VVIIO I	occiveu I	nore than \$100,0			0 (2010)
													rorm <b>99</b>	<b>0</b> (2019)

		(2019)								Page <b>9</b>
Part	VIII				rocno	ence or note to any	line in this Bort VIII			
		Check if Sched	iuie	O contains a	respo	inse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections 512 - 514
	1:	a Federated campa	igns	s	1a	335,306	L	revenue		312 314
Grants mounts		<b>b</b> Membership dues	s .	. [	<b>1</b> b					
E G		<b>c</b> Fundraising even	ts .	[	1c					
ifts, ar A		d Related organizat		<u> </u>	1d	17,326,365				
s, G		e Government grants		Ļ	1e	210,000				
tion r Si		<ul> <li>All other contribution</li> <li>and similar amounts</li> <li>above</li> </ul>	ns, g s not	included	1f	84,412,546				
Contributions, Gifts, Grants and Other Similar Amounts		a Noncash contributio	ns in		İ					
ont od C		lines 1a - 1f:\$		_	<b>1</b> g					
ه ت		<b>h Total.</b> Add lines 1	la-1	f	• •		102,284,217			
	٦.	STATION PROGRAMM	ING	EEEC		Business Code	83,141,635	83,141,635		
e	22	STATION FROGRAMM	ING	I LL3		515100		, ,		
ven	<b>b</b> DIGITAL AND EVENT SPONSORSHIP					900004	61,186,146		61,186,146	
9 <del>.</del>	c DISTRIBUTION SERVICES					515100	8,779,309	7,741,419	1,037,890	
rvic		DIGITAL CERVICES				313100	5,723,726	5,723,726		
- Se	d	DIGITAL SERVICES				518210	3,,23,,25	3,723,720		
Program Service Revenue	е	MEMBERSHIP DUES				515100	3,806,540	3,806,540		
ď							3,447,287	3,423,287	24,000	
		All other program						1		
		Total. Add lines 2 Investment income				nterest and other	1	<u> </u>		<del></del>
	5	similar amounts) .	•			•	869,472		421	869,051
		Income from invest Royalties		nt of tax-exen	-	ond proceeds	4,824,049			4,824,049
	,	Royaldes		(i) Real	•	(ii) Personal	1			1,121,111
	62	Gross rents	6a	5,	68,618					
		Less: rental			00,010	1	-			
		expenses	6b		0					
	С	Rental income or (loss)	6с	56	68,618	ł				
	C	Net rental income	or (	` '			568,618			568,618
	7:	Gross amount		(i) Securit	ies	(ii) Other				
	,	from sales of assets other than inventory			28,236					
	b	Less: cost or other basis and sales expenses	7b	140,38	80,663					
	С	Gain or (loss)	7c	1,84	47,573					
		Net gain or (loss)					1,847,573			1,847,573
ne	8a	Gross income from fu (not including \$		of						
Other Revenue		contributions reported See Part IV, line 18			8a					
Re	Ŀ	Less: direct expen	ses		8b					
her	(	Net income or (los	s) fr	om fundraisii	ng eve	ents				
	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19	٠		9a					
		Less: direct expendence Net income or (los			9b	les .				
	Ì	. Net income or (los	3) 11	om gaming a		es •				
	10	aGross sales of inve returns and allowa			10a	1,055,708				
	ŀ	Less: cost of good			10a	656,430				
		Net income or (los			$\Box$	ory <b>&gt;</b>	ا 399,278	368,790	30,488	3
		Miscellaneo				Business Code	750.764			750 764
	11	∙aSPACE AND STUD	IO L	LICENSE FEES	5	900099	758,764			758,764
	ŀ	PARKING GARAGE	: ccr	=0		812936	177,148			177,148
		PARKING GARAGE	. ret	_3		52230				
	(	MISCELLANEOUS	REV	ENUE		900004	-208,635			-208,635
	ď	All other revenue	•							
	•	Total. Add lines 1	1a-1	11d		•	727,277			
	12	<b>! Total revenue.</b> Se	ee ir	nstructions .		• • •	277,605,127	104,205,397	62,278,945	8,836,568
										Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,371,675	1,371,675		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	9,219,581	3,990,864	5,228,277	440
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
<b>7</b> Other salaries and wages	129,518,262	103,485,236	22,283,893	3,749,133
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,190,624	3,511,166	572,508	106,950
9 Other employee benefits	13,427,081	11,015,082	1,997,888	414,111
<b>10</b> Payroll taxes	10,691,787	8,678,744	1,723,290	289,753
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	888,801	15,757	873,044	
c Accounting	441,977	5,235	436,742	-
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,177	15,044	17,133	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,174,597	7,999,191	2,793,614	381,792
12 Advertising and promotion	2,997,729	1,969,226	1,022,907	5,596
13 Office expenses	6,071,648	3,500,413	2,489,626	81,609
14 Information technology	6,732,978	3,837,980	2,888,300	6,698
15 Royalties				
, 16 Occupancy	9,340,161	1,986,039	7,354,113	9
17 Travel	3,359,359	2,943,614	285,236	130,509
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .			· ·	<u></u>
19 Conferences, conventions, and meetings	1,326,042	798,812	206,221	321,009
<b>20</b> Interest	2,840,712		2,840,712	<u> </u>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,882,711	1,057,533	7,825,178	
23 Insurance	874,887		874,887	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOSS ON DEBT EXTINGUISH	26,325,476	0	26,325,476	0
b CONTENT ACQUISITION	24,195,429	24,191,997	2,132	1,300
c CORPORATE SPONSORSHIP	14,209,565	0	8,738,937	5,470,628
d SATELLITE LEASE AND	2,796,480	2,796,480	0	0
e All other expenses	823,878	327,174	354,580	142,124
<b>Total functional expenses.</b> Add lines 1 through 24e	291,733,617	183,497,262	97,134,694	11,101,661
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2019)

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

1

Assets

Fund Balances

٥ 29

Assets 30

27

28

31

32

33

17,400,339

16,998,733

26,275,270

623,660

4,285,341

199,013,154

111,807,094

10,352,215

4,929,219

483,231

392,176,596

43,626,635

26.790.944

188.980.000

265.031.511

95,575,026

31,570,059

127,145,085

392,176,596

Form 990 (2019)

5,633,932

(B)

End of year

Beginning of year

13,855

15,813,000

9.396.378

32,154,198

430.225

6,059,604

205,672,908

99,903,004

5,324,888

374,768,060

42,087,985

25,837,072

166.762.911

234.687.968

118,972,732

21,107,360

140,080,092

374,768,060

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269,615,116

70,601,962

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0 25 Page **11** 

8,340

Check if Schedule O contains a response or note to any line in this Part IX	

Cash-non-interest-bearing	•	•	•			
Savings and temporary cash investments						
Pledges and grants receivable, net						

2 3 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use .

10a

Prepaid expenses and deferred charges .

10b

basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11

10a Land, buildings, and equipment: cost or other

11 Intangible assets .

12 Other assets. See Part IV, line 11 . . .

13 14 15 16 17 Accounts payable and accrued expenses 18

Grants payable . Deferred revenue . . .

Total assets. Add lines 1 through 15 (must equal line 34) . 19 20 Tax-exempt bond liabilities .

21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity 

Liabilities 23 Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

24 25 26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

Software Version:

EIN: 52-0907625

Name: NATIONAL PUBLIC RADIO INC

Form 990 (2019)

### Form 990, Part III, Line 4a:

PROGRAMMING, AND AN INDUSTRY LEADER IN SOUNDGATHERING AND AUDIO PRODUCTION. DURING THIS FISCAL YEAR, NPR'SBROADCAST PROGRAMMING REACHED A WEEKLY AUDIENCE OF 23.2 MILLION PEOPLE ABOUT 98.5% OF THE U.S. POPULATION IS WITHIN THE LISTENING AREA OF ONE OR MORE STATIONS THAT CARRY NPR PROGRAMMING, NPR PRODUCES AND/OR DISTRIBUTES 26 NEWS, TALK, MUSIC AND ENTERTAINMENT BROADCAST PROGRAMS, AND 20 PODCAST-ONLY PROGRAMS (APPROXIMATELY 13.7 MILLION AVERAGE UNIQUE WEEKLY USERS OF NPR-PRODUCED PODCAST PROGRAMS), AND 17.0 MILLION UNIQUE VISITORS TO NPR.ORG WEEKLY, MARKING AN INCREASE OVER THE PAST YEAR OF 35% FOR PODCASTS AND AN INCREASE OF 48% FOR NPR.ORG. SMART SPEAKER STREAMING WEEKLY AUDIENCE INCREASED 23% FROM THE PAST FISCAL YEAR. ADDITIONALLY, NPR PROGRAMMING IS HEARD ON SMART SPEAKERS, SATELLITE RADIO, HD RADIO, ITUNES RADIO, ON MEMBER STATION WEB STREAMS, AND INTERNATIONALLY. NPR ALSO BROADCASTS ITS PROGRAMMING TO THE U.S. MILITARY AND THEIR FAMILIES THROUGH THE ARMED FORCES RADIO NETWORK AND OTHER INTERNATIONAL SERVICES. SOME PROGRAMS PRODUCED AND/OR DISTRIBUTED BY NPR INCLUDE: MORNING EDITION, ALL THINGS CONSIDERED, WEEKEND EDITION, FRESH AIR, THE TED RADIO HOUR, ASK ME ANOTHER, 1A, WAIT WAIT...DON'T TELL ME!, HERE & NOW, INVISIBILIA, AND NPR NEWSCASTS 24 HOURS A DAY, NPR'S DIGITAL MEDIA DIVISION EXPANDS NPR'S PUBLIC SERVICE BY OFFERING NPR CONTENT FREE OF CHARGE ON THE WEB. MOBILE DEVICES, VIA DISTRIBUTION PARTNERSHIPS WITH THIRD-PARTY PLATFORMS AND ON OTHER EMERGING DIGITAL CHANNELS. MONTHLY, NPR'S DIGITAL CONTENT REACHES APPROXIMATELY 129 MILLION USERS. THAT CONTENT INCLUDES REAL-TIME NEWS REPORTS, LIVE AUDIO STREAMS, LIVE VIDEO STREAMS, ON-DEMAND DOWNLOADS AND STREAMS OF NPR AND MEMBER STATION AUDIO, ON-DEMAND VIDEO SEGMENTS, ARCHIVAL AUDIO SPANNING MORE THAN A DECADE, ORIGINAL TEXT STORIES AND PHOTOS, ADDITIONAL INFORMATION AND INSIGHT INTO REPORTS AIRING ON NPR PROGRAMS, COMMENTARY, AND CONTENT EXCLUSIVE TO THE INTERNET, SOME OF THE DIVISION'S PROJECTS THIS YEAR INCLUDED: DEPLOYING OUR NEW CONTENT MANAGEMENT SYSTEM AND MIGRATING MEMBER STATIONS TO IT: DESIGNING & BUILDING A NEW CONTENT DISTRIBUTION SYSTEM THAT IS RESPONSIBLE FOR SERVING CONTENT TO OUR NPR PLATFORMS: BUILDING READING FUNCTIONALITY IN THE NPR ONE MOBILE APPLICATION: MIGRATING KEY SYSTEMS TO CLOUD HOSTING PROVIDERS: CREATION OF LIVE-BLOGGING FUNCTIONALITY TO BETTER COVER MAJOR NEWS EVENTS (E.G. COVID-19, RACIAL INJUSTICE); SEO AND ACCESSIBILITY IMPROVEMENTS; ONBOARDING AND OFFBOARDING PODCASTS AND LAUNCHING A NEW TROUBLESHOOTING AND SUPPORT PORTAL FOR THE SAME; IMPLEMENTING NEW HOSTING INFRASTRUCTURE FOR PODCAST FEEDS; CREATE A TAGGING SYSTEM FOR DYNAMIC AD / PROMOTION INSERTION IN PODCASTS: MODERNIZE BUILD AND DEPLOYMENT TOOLING: DESIGNING & BUILDING NEW TOOLING FOR FULFIL SOUND EXCHANGE REPORTING OBLIGATIONS: CONSOLIDATING TWO AMAZON ALEXA 'SKILLS' INTO ONE: LOAD TESTING & SCALE IMPROVEMENTS TO HANDLE HIGH TRAFFIC LOADS; OPERATION OF THE 'TINY DESK CONTEST', INCLUDING THE CREATION OF A JUDGING PLATFORM FOR USER-SUBMITTED VIDEOS; LAUNCHED A NEW DATA REPORTING SERVICE SUPPORTING ONLINE LISTENING FOR STATIONS: LAUNCHED NPR STUDIO, A SALESFORCE COMMUNITY THAT GIVES MEMBER STATIONS ACCESS TO NPR PRODUCTS, TOOLS & SUPPORT, LAUNCHED A NEW DONATION FORM ON NPR.ORG THAT USES STRIPE AS THE PAYMENT PROCESSOR: LAUNCHED A STRIPE-SALESFORCE INTEGRATION TO PASS STRIPE TRANSACTIONS & AUDIENCE DATA TO SALESFORCE.

NEWS AND INFORMATION, PROGRAMMING, AND ENGINEERING - NPR IS ANINTERNATIONALLY RECOGNIZED PRODUCER AND DISTRIBUTOR OF NEWS, DIGITAL MEDIA.

#### Form 990, Part III, Line 4b: NPR'S DISTRIBUTION DIVISION (DISTRIBUTION) OPERATES AND MANAGESTHE PUBLIC RADIO SATELLITE SYSTEM (PRSS). PRSS IS A COMBINEDSATELLITE AND INTERNET

CONTENT DISTRIBUTION SERVICE FOR PUBLICRADIO PROGRAMMING AND RELATED DIGITAL CONTENT. IN ADDITION TO ITSREGULAR OPERATIONS, DISTRIBUTION

MANAGES GRANT-FUNDED NATIONALPROJECT INITIATIVES IN SUPPORT OF THE PRSS ACTIVITIES. RELATEDDIGITAL CONTENT IS COMPRISED OF NPR'S CONTENT AS

WELL AS CONTENTEROM OTHER PROGRAM PRODUCERS AND INDEPENDENT RADIO PRODUCERS. THEPRSS IS AVAILABLE TO PUBLIC RADIO STATIONS. REGARDLESS OF

SIZE, INCOME, ORGANIZATION, OR PROGRAMMING AFFILIATION. THE ANNUALOPERATIONS OF THE PRSS ARE SUPPORTED BY THE FEES PAID BY BOTHPUBLIC AND

COMMERCIAL CLIENTS FOR THEIR USE OF THE PRSS.

# NPR'S MEMBERSHIP CONSISTED OF 264 NON-COMMERCIAL LICENSEES, OPERATING A NETWORK OF HUNDREDS OF ASSOCIATED PUBLIC RADIO STATIONS. WHEN 84 NON-MEMBER PUBLIC RADIO LICENSEES AND THEIR ASSOCIATED STATIONS ARE ALSO INCLUDED, A GRAND TOTAL OF 1,092 PUBLIC RADIO STATIONS BROADCAST

PROGRAMMING LICENSED FROM NPR. NPR MEMBER ORGANIZATIONS INCLUDE LONG ESTABLISHED, HIGHLY REGARDED EDUCATIONAL INSTITUTIONS (INCLUDING MANY TOP PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES), AS WELL AS SOME OF THE LARGEST, MOST INFLUENTIAL STATION-BASED PUBLIC MEDIA ORGANIZATIONS IN THE UNITED STATES. NPR'S FINANCIAL AND ORGANIZATIONAL STRENGTH DERIVES IN SIGNIFICANT MEASURE FROM THE STRENGTH OF ITS MEMBERS AND THE NPR MEMBER NETWORK AS A WHOLE. NPR SERVES AND COLLABORATES WITH MEMBER STATIONS IN NEWSGATHERING AND REPORTING, PROGRAM DEVELOPMENT, CULTURAL

EVENTS, COMMUNITY ENGAGEMENT, FUNDRAISING, RADIO AND DIGITAL DISTRIBUTION, AND REPRESENTATION ON ISSUES CRITICAL TO PUBLIC BROADCASTING.

Form 990, Part III, Line 4c:

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

JOHN DECKER

DIRECTOR

FRED DUST

DIRECTOR

DIRECTOR

DIRECTOR

JENNIFER FERRO

PAUL G HAAGA JR

BOARD CHAIR

NICO LEONE

DIRECTOR

TIM EBY

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN F LANSING NPR PRESIDENT & CEO	35.80 1.00	Х		х				100,810	0	2,894
JARL MOHN NPR PRESIDENT & CEO (TO 10/14/19)	39.50 0.50	Х		x				569,392	0	30,110
CARLOS ALVAREZ DIRECTOR	0.00	Х						0	0	0
MIKE CRANE	1.00							0	0	0

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NPR PRESIDENT & CEO (TO 10/14/19)	0.50				333,332	
CARLOS ALVAREZ	1.00					
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DIRECTOR	0.00					
MIKE CRANE	1.00					
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DIRECTOR	0.00					
JOHN DECKER	1.00					

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	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
WONYA LUCAS	1.00									
DOADD VICE CHAID		X		Х				0	0	0
BOARD VICE CHAIR	0.00									
JOHN MCGINN	1.00									
DIRECTOR		Х						0	0	0
DIRECTOR	2.00									
JOE O'CONNOR	1.00									
DIRECTOR		Х						0	0	0
DIRECTOR	0.00									
LAFONTAINE E OLIVER	1.00									
DIRECTOR		X						0	0	0
DIRECTOR	0.00									
MARTA CIMARA	1.00			I	1	l	I	1		

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DIRECTOR
LAFONTAINE E OLIVER
DIRECTOR
MARIA O'MARA
DIRECTOR

JAY PEARCE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MIKE SAVAGE

JEFFREY A SINE

JOYCE SLOCUM

JACQUELINE RESES

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

SVP, NEWS AND EDITORIAL

......

VP & EXECUTIVE EDITOR

**DEBORAH A COWAN** 

CFO & TREASURER

VP, DESIGN

ELIZABETH A DANZICO

STACEY M FOXWELL

VP, OPERATIONS

MICHAEL F BEACH

VP, DISTRIBUTION

EDITH C CHAPIN

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CARLOS WATSON DIRECTOR	1.00	Х						0	0	0
HOWARD WOLLNER CHAIR	1.00	Х						0	0	0
TELISA YANCY DIRECTOR	1.00	Х						0	0	0
NEAL ZUCKERMAN	1.00									

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252,919

253,161

382,222

206,785

252,741

14,292

31,143

25,509

26,588

14,578

32,624

CHAIR	1.00						
TELISA YANCY	1.00	v				0	
DIRECTOR	0.00	^				Ŭ	
NEAL ZUCKERMAN	1.00	X				0	
DIRECTOR	0.00					Ů	
NANCY C BARNES	40.00			<		445,240	
			l I	^		443,240	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SARAH C GILBERT  VP, NEWS PROGRAMMING	40.00			x				251,999	0	17,614
MARGARET GOLDTHWAITE CHIEF MARKETING OFFICER (TO 3/5/2020)	40.00			x				345,528	0	35,119
ANYA GRUNDMANN SVP, PROGRAMMING AND AUD	40.00			х				349,995	0	32,433
JONATHAN D HART CHIEF LEGAL OFFICER, GC, S	40.00			х				496,010	0	32,492

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305,644

50,099

193,091

252,042

204,718

27,196

26,759

1,204

30,083

17,073

14,800

ANYA GRUNDMANN	40.00		Y		349,995	
SVP, PROGRAMMING AND AUD	0.00		^		349,993	
JONATHAN D HART	40.00		<		496,010	
CHIEF LEGAL OFFICER, GC, S	0.00		^		490,010	
THOMAS R HJELM	39.00					
	•••••		Χ		399,812	

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and Independent Contractors

CHIEF DIGITAL OFFICER

SVP, MEMBER PARTNERSHIP

VP, DIGITAL TECHNOLOGY (TO 5/29/2020)

GEMMA HOOLEY

NOELLE LACHARITE

ELISABETH G LANG

KERRY I LENAHAN

**EMILY M LITTLETON** 

VP, CORP COMMUNICATIONS

VP, PRODUCT

ASSISTANT TREASURER

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

MICHELLE M SHANAHAN

ASSISTANT SECRETARY

CHIEF MARKETING OFFICER

......

CHIEF HUMAN RESOURCES OFFICER

VP, NEW PLATFORM PARNERSHIP

...... VP, SPEC PROJ & INNOVAT/ CHIEF OF STAFF

MICHAEL SMITH

CARRIE STORER

JOEL A SUCHERMAN

CHRISTOPHER A TURPIN

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
MICHAEL LUTZKY  VP, BUSINESS DEVELOPMENT (TO 6/1/2020)	40.00			х				266,667	0	33,527
LOREN A MAYOR PRESIDENT, OPERATIONS (TO 3/15/2020)	40.00 0.00			х				458,239	0	35,564
MATTHEW S MYERS  VP, BRAND & MARKETING (TO 9/30/2020)	40.00			х				260,241	0	8,883
CHRISTOPHER T NELSON VP, TECHNOLOGY OPERATIONS	40.00			х				238,397	0	22,859

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255,433

188,868

243,514

271,344

32,361

2,223

10,044

33,379

35,336

MATTHEW S MYERS	40.00				200 244	
VP, BRAND & MARKETING (TO 9/30/2020)	0.00	^	`		260,241	
CHRISTOPHER T NELSON	40.00					
		;	X		238,397	
VP, TECHNOLOGY OPERATIONS	0.00					
MICHAEL E RIKSEN	36.00					
			x l		279,722	
VP, POLICY & REPRESENTATIO	4.00					

4.00 39.00

1.00 17.70

0.00 40.00

0.00 40.00

0.00 40.00

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless amount of other compensation compensation person is both an officer from the from related compensation

and Independent Contractors

INTERN'L CORRESPONDENT, BERLIN

STANLEY M GARRISON TO 762019

VP, TECH OPS & BRDCST ENG

.....

...... CHIEF DEVELOPMENT OFFICER (TO 6/15/2019)

SCOTT SIMON

HOST, WE AND UP FIRST

STEPHANIE A WITTE

	any hours		a dir	ecto	or/tr	ustee)	)	organization	organizations	from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related related organizations
KEITH M WOODS	40.00			x				253,990	0	34,239
VP, DVRSTY IN NEWS & OPS A	0.00							255,550	J	3 1,233
STEVEN A INSKEEP	40.00					X		478,232	0	36,964
HOST, MORNING EDITION AND UP FIRST	0.00					^		476,232	0	30,904
FRANK D LANGFITT INTERN'L CORRESPONDENT, LONDON	40.00					х		349,593	0	35,454
PETER D SAGAL HOST, WWDTM	40.00					х		445,943	0	36,964
ROBERT J SCHMITZ	40.00									

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356,983

440,950

179,327

326,656

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0.00 40.00

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0.00

34,781

36,964

18,103

12,457

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SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<del>nie Service</del> <b>he organiza</b> JBLIC RADIO IN					Employer identific	ation number			
NATIC	MALFO	DEIC NADIO II					52-0907625				
	rt I		for Public Charity State				See instructions.				
1 ne c	organiz		a private foundation because onvention of churches, or as	•			(A)(:)				
		•	,								
2			scribed in section 170(b)(		,						
3		·	or a cooperative hospital serv	_			-				
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>			
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	λ)(v).				
7	✓		ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		from activit investment	ation that normally receives: dies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).				
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a				
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo							
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its			
d		Type III n functionally	on-functionally integrate integrated. The organizatio i). You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiver or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(	т'						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	n in your governing document? monetary support other suppo instructions) instructions						
					Yes	No					
			<u> </u>								
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9				

•	Section A. Public Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(-7	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	92,102,494	85,256,475	97,140,734	109,112,881	106,090,757	489,703,341
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	92,102,494	85,256,475	97,140,734	109,112,881	106,090,757	489,703,341
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						76,436,750
6	Public support. Subtract line 5						
0	from line 4.						413,266,591
-	Section B. Total Support	I.					
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ►	` '	` '	• •	* 1	` '	
7		92,102,494	85,256,475	97,140,734	109,112,881	106,090,757	489,703,341
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,102,039	5,206,446	5,649,266	4,662,648	6,262,560	26,882,959
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI.).	564,400	483,535	389,165	149,743	727,277	2,314,120
11	<b>Total support.</b> Add lines 7 through 10						518,900,420

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . . 14 79.640 % 15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 77.290 % 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	nich the organization is respor	nsive (provide	
9	9 Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions			
9	9 Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018. . . . . .

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 311, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u>      \$                              </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10, GARAGE REVENUE - 2015 AMOUNT: \$ 339,845. 2016 AMOUNT: \$ 358,861. 2017 AMOUNT: \$ 366,802. 2 EXPLANATION OF OTHER 018 AMOUNT: \$ 379,636. 2019 AMOUNT: \$ 177,148. SPACE LICENSE FEES - 2015 AMOUNT: \$ 103,370 INCOME: . 2016 AMOUNT: \$ 84,697. 2017 AMOUNT: \$ 24,233. 2018 AMOUNT: \$ 178,118. 2019 AMOUNT: \$ 758 .764. OTHER REVENUE - 2015 AMOUNT: \$ 121.185. 2016 AMOUNT: \$ 39.977. 2017 AMOUNT: \$ -1.870 . 2018 AMOUNT: \$ -408,011. 2019 AMOUNT: \$ -208,635.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

# Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2019

Cat. No. 50084S

DLN: 93493225012041

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** NATIONAL PUBLIC RADIO INC 52-0907625 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

or e	Form 5768 (election under section 501(h)).  each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
ctiv		Yes	No	'	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	Yes			25	54,046
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			53	34,535
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				78	38,581
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sec	tion		
	501(c)(6).					
	Wanna and at anti-line all (000) an array duran array duran dad untilla bu array bana?			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			2		
2 3				3		
_	Did the organization agree to carry over lobbying and political expenditures from the prior year?			•		1/61
ra	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part is answered "Yes."				301(0	.)(0)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); Functions), and Part II-B, line 1. Also, complete this part for any additional information.	art II-	A, line	s 1 ar	.d 2 (se	ee
	Return Reference Explanation					
	BYING ACTIVITY: FORM 990, EDULE C, PART II-B, LINE 1  NPR REPRESENTS NOT ONLY ITSELF, BUT ALSO THE PUBLIC RADIO SYSTEM A TO LEGISLATIVE AND REGULATORY ENTITIES IN WASHINGTON DC. IN FULFIL MET WITH MEMBERS OF CONGRESS AND THEIR STAFFS, COMMISSIONERS, A COMMUNICATIONS COMMISSION, AND OTHER FEDERAL POLICY MAKING DEP NPR'S CONTACT WITH THESE PARTIES RELATED TO ISSUES CONCERNING, BI BUDGET AND ANNUAL APPROPRIATIONS FOR AMERICA'S PUBLIC BROADCAST FUNDING TO THE CORPORATION FOR PUBLIC BROADCASTING; AIRWAVES AG RELATED TO C-BAND SPECTRUM AND THE PUBLIC RADIO'S USE OF C-BAND F PROGRAMMING DISTIBUTION SPECTRUM. NPR ENGAGED A PROFESSIONAL S WITH ITS REPRESENTATION ACTIVITIES. NPR ALSO SOLICITS AND DISSEMIN PUBLIC RADIO AND ENCOURAGES THE PUBLIC TO SHARE THEIR VIEWS ABOL	LING ARTME UT NOTING SET; AN REQUIRED TO SET	THIS R AFF AT ENTS D T LIMIT YSTEM D GEN ENCIES ES FIR INFOR	OLE, I THE TURING TED TO THRO ERAL: FOR M TO M	NPR ST FEDER/ G THE \ D, THE DUGH ISSUES ASSIST DN ABO	AFF AL YEAR. S

PUBLIC RADIO.

OTHER AND THEIR ELECTED REPRESENTATIVES, DIRECTLY AND THROUGH THE AMERICAN COALITION FOR

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493225012041

OMB No. 1545-0047

2019

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	ne of the organization IONAL PUBLIC RADIO INC			Employer ide	entification r	number	
INA	IONAL PUBLIC KADIO INC			52-0907625			
Pa	rt I Organizations Maintaining Donor Advi			r Accounts.			
	Complete if the organization answered "Ye		art IV, line 6. Idvised funds	(b) Fund	s and other a	ccounts	
1	Total number at end of year	(a) Donor a	avisea failus	(b) Fulld	is and other at	ccounts	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor	ers in writing that the	assets held in donor ad	vised funds are	the		
•		the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for any other purpose c		missible	Yes 🗌 No	
Pa	<b>t II</b> Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990. Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the orga						
	Preservation of land for public use (e.g., recreation	` ,	Preservation of an	historically imp	ortant land ar	ea	
	Protection of natural habitat	······································	Preservation of a c				
	_			ertinea mstoric	sti ucture		
_	Preservation of open space	11.65		•			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the for		ation at the End of	the Year	
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified histori	c structure included i	n (a)	2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, ar	d not on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed, or terminated by t	the organizatior	n during the		
4	Number of states where property subject to conservation	on easement is locate	ı <b>▶</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring s?	, inspection, handling o	of violations,	☐ Yes	□ No	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of viol	ations, and enforcing co	onservation ease	ements during	the year	
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations	, and enforcing conserv	vation easemen	ts during the y	year	
8	Does each conservation easement reported on line 2(d)	above satisfy the red	uirements of section 17	70(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				☐ Yes	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ					
Pai	Complete if the organization answered "Ye			er Similar As	ssets.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f			orks of	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	.6 (ASC 958), to repo	rt in its revenue statem	ent and balance erance of public	e sheet works service, prov	of art, ide the	
(	i) Revenue included on Form 990, Part VIII, line $f 1$			<b>&gt;</b> \$			
(	i)Assets included in Form 990, Part X			> \$			
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS			ncial gain, provi	de the		
а	Revenue included on Form 990, Part VIII, line 1			▶\$			
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		_	
For	Paperwork Reduction Act Notice, see the Instruction			_	edule D (For	m 990) 2019	

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$  $\boldsymbol{d}$  Equipment . . . .

e Other . .

	dule D (Form 990) 2019						Page 2
	TIII Organizations Maintaining Co						
3	Using the organization's acquisition, accession items (check all that apply): ————————————————————————————————————			ne following th	nat are a sigr	ificant use of its	collection
а	Public exhibition	•	d 🗆	Loan or excha	nge program	S	
b	Scholarly research	•	e 🗌	Other			
С	Preservation for future generations						
4	Provide a description of the organization's co Part XIII.	llections and explain how	they furthe	er the organiza	ation's exemp	ot purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					☐ Ye	s 🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		90, Part I	V, line 9, or	reported a	n amount on F	Form 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediary	for contrib	utions or othe	r assets not	· · · □ <b>Y</b> e	s 🗆 No
b	If "Yes," explain the arrangement in Part XII	I and complete the follow	ing table:	Г		Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line 21, f	for escrow	or custodial ac	count liabilit	y? 🗌 <b>Y</b> e	s 🗆 No
b	If "Yes," explain the arrangement in Part XII:	Check here if the explar	nation has l	been provided	in Part XIII	🗆	
	rt V Endowment Funds.	<u> </u>		<u> </u>			
	Complete if the organization ans						
_			) Prior year			Three years back	(e) Four years back
	Beginning of year balance	309,462,166	316,715,		0,927,201	301,573,900	296,837,867
	Contributions	1,124,096 14,159,255	5,401,	396	105,201 8,056,470	6,044 35,223,223	21,038,416
	Net investment earnings, gains, and losses	14,139,233	3,401,	525	5,030,470	33,223,223	21,030,410
	Grants or scholarships						
е	Other expenditures for facilities and programs	15,025,054	12,661,	059 1.	2,977,297	14,807,864	15,320,509
f	Administrative expenses				1,090,581	1,068,102	992,021
g	End of year balance	309,720,463	309,462,	166 32.	5,020,994	320,927,201	301,573,900
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment >	ent year end balance (line	e 1g, colum	ın (a)) held as	s:		
b	Permanent endowment ► 69.460 %						
c	Temporarily restricted endowment ► 30.	540 %					
·	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.					
3а	Are there endowment funds not in the posses organization by:	•	hat are he	d and adminis	stered for the	<b>:</b>	Yes No
	(i) unrelated organizations					38	a(i) No
	(ii) related organizations					3a	(ii) Yes
b	If "Yes" on 3a(ii), are the related organizatio	ns listed as required on Se	chedule R?			🗔	<b>3b</b> Yes
4	Describe in Part XIII the intended uses of the	organization's endowme	nt funds.				
Pa	rt VI Land, Buildings, and Equipme Complete if the organization ans		90, Part I	V, line 11a.	See Form 9	990, Part X. lir	ne 10.
	Description of property  (a) Cost or ot (investm	her basis (b) Cost or ot		<del></del>	ımulated depre	<del></del>	d) Book value
	Land		55,753	,066			55,753,066
	Buildings		145,479	· +	25,8	328,376	119,650,680

1,277,882

19,772,903

2,558,623

199,013,154

2,802,738

33,779,986

8,190,862

4,080,620

53,552,889

10,749,485

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV, line	11b.See Form 990, I	Part X, line 12.	
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Metho Cost or end-of	d of valuation: -year market value	
	l derivatives				
	held equity interests				
۹)					
3)					
<b>(2)</b>					
D)					
:)					
")					
<b>5</b> )					
H)					
otal. (Columr Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.				_
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, line	11c. See Form 990, (b) Book value	Part X, line 13.  (c) Method of valuation	<u> </u>
	(a) Description of investment		(b) Book value	Cost or end-of-year mark	ket
1)					_
2)					
3)					<u> </u>
4)					
5)					
6)					
7)					
8)					
9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	art IV, line	11d. See Form 990, Pa	rt X, line 15.	
1)	(a) Description			(b) Book value	
2)					
3)					
4)					
5)					
6)					<u> </u>
6) 7)					 
6) 7) 8)					  
6) 7) 8) 9)	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
6) 7) 8) 9) otal. (Colum	Other Liabilities.			<u> </u>	
6) 7) 8) 9) otal. (Colum				990, Part X, line 25.	
6) 7) 8) 9) otal. ( <i>Colur</i> Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990, F			990, Part X, line 25. (b) Book value	
6)  7)  8)  9)  otal. (Column  Part X  .  1) Federal in (2) DUE TO S	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
otal. (Columnar X  Part X  1) Federal ii 2) DUE TO S 3) CONDITI	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes			990, Part X, line 25. (b) Book value	
otal. (Columnary) Part X  1) Federal is 22 DUE TO 533 CONDITE  4)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
6) 7) 8) 9) otal. (Column Part X  . 1) Federal i 2) DUE TO 9 3) CONDITI 4)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
6) 7) 8) 9) Fotal. (Column Part X  1) Federal i   2) DUE TO   3) CONDITI   4) 5)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
6) 7) 8) 9) Fotal. (Column Part X  1. 1) Federal i 2) DUE TO S 3) CONDITION 4) 5) 6) 7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
6) 7) 8) 9) Fotal. (Column Part X  1. 1) Federal in 2) DUE TO 5	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	
6) 7) 8) 9) Fotal. (Column Part X  1. 1) Federal i 2) DUE TO S 3) CONDITION 4) 5) 6) 7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes SUBSIDIARIES			990, Part X, line 25.  (b) Book value  4,529,998	

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	support per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facil	ities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) $oldsymbol{.}$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Staten ization answered 'Yes' on Form 990, Par			Returi	n.
1		dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facil	ities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) $oldsymbol{.}$		2d			
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII.) .		4b		╛	
C					4c	
5		<b>4c.</b> (This must equal Form 990, Part I, line 18	.) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					
		<del> </del>				

chedule D (Form 990) 2019	Page <b>5</b>							
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

Schedule D (Form 990) 2019

#### Additional Data

Software ID: Software Version:

EIN: 52-0907625

Name: NATIONAL PUBLIC RADIO INC

#### Supplemental Information

# Return Reference Explanation THE ENDOWNMENT FUNDS THAT SUPPORT NPR ARE HELD AND ADMINISTERED BY A RELATED ORGANIZATION, NPR FOUNDATION (FOUNDATION). THE ENDOWMENT CONSISTS OF FIFTY-SIX FUNDS ESTABLISHED BY DON ORS FOR A VARIETY OF PURPOSES (E.G., NPR'S GENERAL MISSION AND OPERATIONS, JOURNALISTIC EX CELLENCE, DIGITAL INNOVATIONS/ NEW TECHNOLOGIES, CULTURAL JOURNALISM, JAZZ JOURNALISM AND PROGRAMMING. SCIENCE JOURNALISM. AND THE OPERATION OF NPR'S FACILITIES).

Return Reference	Explanation
FASB ASC 740 DISCLOSURE: FORM 990, SCHEDULE D, PART X, LINE 2	THE EFFECTS OF A TAX POSITION CANNOT BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENT S UNLESS IT IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS AS OF THE REPORTING DATE. THE MORE-LIKELY-THAN-NOT THRESHOLD REPRESENTS A POSITIVE ASSERT ION BY MANAGEMENT THAT NPR IS ENTITLED TO THE ECONOMIC BENEFITS OF A TAX POSITION. IF A TAX POSITION IS NOT CONSIDERED MORE-LIKELY-THAN-NOT TO BE SUSTAINED BASED SOLELY ON ITS TECH NICAL MERITS, NO BENEFITS OF THE POSITION ARE TO BE RECOGNIZED. MOREOVER, THE MORE-LIKELY-THAN-NOT THRESHOLD MUST CONTINUE TO BE MET IN EACH REPORTING PERIOD TO SUPPORT CONTINUED R ECOGNITION OF A BENEFIT. AS OF SEPTEMBER 30, 2020, THERE WERE NO UNCERTAIN TAX POSITIONS F

OR WHICH A LIABILITY SHOULD BE RECORDED.

Supplemental Information

	DULE F	State	ement of A	Activities (	Outside the Un	ited States	OMB No. 1545-0047
(Form 990) ► Com			nplete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 1  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.				2019 Open to Public
nternal	ent of the Treasury Revenue Service	•		,00,701,111,1200,101,11		Inspection	
	of the organization NAL PUBLIC RADIO I	NC				Employer ide	entification number
						52-0907625	
Part	<b>General In</b> Form 990, P			Outside the U	<b>Jnited States.</b> Comple	te if the organization	answered "Yes" on
1	For grantmakers.	Does the or	ganization mai	ntain records to	substantiate the amoun	of its grants and	
	,	•	• ,	-	stance, and the selection		
1	to award the grants	or assistan	ce?				☐ Yes ☐ No
	For grantmakers. Outside the United S		Part V the orga	nization's proce	dures for monitoring the	use of its grants and o	other assistance
3 ,	Activites per Region.	(The following	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
3 ,	Activites per Region.  (a) Region	(The followin	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	
		(The followin	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants	(e) If activity listed in (d) is program service, describe specific type of	for and investments
	(a) Region	(The followin	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of	for and investments
	(a) Region	(The followin	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of	for and investments
	(a) Region	(The followin	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of	for and investments
	(a) Region	(The followin	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of	for and investments
3a S	(a) Region  See Add'l Data  ub-total		(b) Number of offices in the	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is program service, describe specific type of	for and investments
3a S	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of	for and investments in the region

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	<b>√</b> No
		∟ Yes	INO
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		☐ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>✓</b> Yes	□No

Schedule F	(Form 990) 2019	Page <b>5</b>
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions.  dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III AC	CCOUNTING METHOD:	

#### **Additional Data**

**EUROPE** 

# Software ID: Software Version:

**EIN:** 52-0907625

Name: NATIONAL PUBLIC RADIO INC

NEWS AND INFORMATION

1,441,881

Form 990 Schedule F Pari	t I - Activities	Outside The U	Inited States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	4	4	PROGRAM SERVICES	NEWS AND INFORMATION	1,236,256

2 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) MIDDLE EAST AND NORTH 5 IPROGRAM SERVICES NEWS AND INFORMATION 2.099.296 **AFRICA** 1 IPROGRAM SERVICES 409,857 NORTH AMERICA INEWS AND INFORMATION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) RUSSIA/ INDEPENDENT 1 PROGRAM SERVICES INEWS AND INFORMATION 361,867 STATES 1 IPROGRAM SERVICES 363,867 SOUTH AMERICA INEWS AND INFORMATION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) SOUTH ASIA 1 IPROGRAM SERVICES NEWS AND INFORMATION 379,088 SUB-SAHARAN AFRICA 2 PROGRAM SERVICES NEWS AND INFORMATION 760,059

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

#### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019
Open to Public

DLN: 93493225012041

Inspection

Internal Revenue Service							
Name of the organization NATIONAL PUBLIC RADIO INC						Employer identific 52-0907625	ation number
Part I General Inform	ation on Grants	and Assistance				32-0307023	
1 Does the organization mai	ntain records to sub	stantiate the amount of	the grants or assistance,	the grantees' eligibility	for the grants or assistan	 ce, and	
the selection criteria used							☑ Yes ☐ No
<ul><li>Describe in Part IV the org</li><li>Part II Grants and Other</li></ul>	•				rganization answered "Vec	" on Form 990 Part IV line	21 for any recipient
that received more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.	ents: Complete in the o		on romi 990, rait iv, inte	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of sect</li><li>3 Enter total number of other</li></ul>							7
For Paperwork Reduction Act Notice				Cat No. 5005			edula I /Form 990\ 2019

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

FELLOWSHIPS:

Return Reference

Schedule I (Form 990) 2019

Explanation

COMMITTEE.

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

STAFF DIRECTLY SUPERVISE THE FELLOWS. NO ADDITIONAL MONITORING IS DEEMED NECESSARY.

(b) Number of

recipients

(d) Amount of

noncash assistance

NPR OFFERS ASSISTANCE IN THE FORM OF A FELLOWSHIP. FELLOWSHIPS ARE PAID TO THE RECIPIENTS THROUGH NPR'S COMPENSATION PROCESS. BECAUSE NPR

THE KROC FELLOWSHIP WAS ESTABLISHED TO IDENTIFY AND DEVELOP A NEW GENERATION OF EXTRAORDINARY JOURNALISTS FOR THE PUBLIC RADIO SYSTEM.
NPR ACCEPTS SEVERAL FELLOWS EACH YEAR. THE FELLOWSHIP LASTS ONE YEAR AND INCLUDES A STIPEND PLUS BENEFITS. FELLOWS RECEIVE RIGOROUS, HANDSON-TRAINING IN EVERY ASPECT OF PUBLIC RADIO JOURNALISM (WRITING, REPORTING, PRODUCING, AND EDITING) FOR BOTH RADIO AND WEB. FELLOWS WORK
PRIMARILY AT NPR HEADQUARTERS IN WASHINGTON, DC. DUE TO THE PANDEMIC, FELLOWS WORKED VIRTUALLY FOR THE SECOND HALF OF THEIR ROTATION THIS
YEAR AND WERE NOT ASSIGNED TO WORK AT A MEMBER STATION. ONE FELLOW WORKED FOR MEMBER STATION KOCC SINCE THEIR HOME WAS CLOSE TO THAT
STATION. ELIGIBLE CANDIDATES MUST BE EITHER JUST COMPLETING COLLEGE OR GRADUATE SCHOOL, OR BE OUT OF SCHOOL FOR ONE YEAR OR LESS.
CANDIDATES MUST SUBMIT A RESUME, TWO REFERENCES, AND A COVER LETTER EXPLAINING WHY THEY SHOULD BE SELECTED BY THE KROC FELLOWSHIP

(e) Method of valuation (book,

FMV, appraisal, other)

Page **2** 

(f) Description of noncash assistance

Schedule I (Form 990) 2019

#### **Additional Data**

UNIVERSITY WAY NE STE 310 SEATTLE, WA 98105

		Software ID Software Version EIN					
		Name	: NATIONAL PUBLIC	RADIO INC			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COALITION FOR PUBLIC RADIO 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	82-1246245	501(C)(4)	216,308				DIRECT COSTS - GRASS ROOTS LOBBYING
KUOW RADIO C/O UNIVERSITY OF WASHINGTON 4518	91-2079402	501(C)(3)	15,606				INCUBATION LAB

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 61-6053844 115 19.271 INCUBATION LAB MURRAY STATE UNIVERSITY

INCUBATION LAB

7.236

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

200 SPARKS HALL MURRAY, KY 42071 SPOKANE PUBLIC RADIO

1229 N MONROE STREET SPOKANE, WA 99201 23-7097524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, or assistance grant cash non-cash assistance or government assistance other) WBHM 63-6001138 501(C)(3) 969,979 REGIONAL HUB C/O UNIVERSITY OF ALABAMA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MASSACHUSETTS AVENUE NW WASHINGTON, DC 20016

AT BIRMINGHAM 650 11TH STREET SOUTH BIRMINGHAM, AL 35294					
WAMU-FM C/O THE AMERICAN UNIVERSITY 4400	53-0196549	501(C)(3)	103,352		INCUBATION LAB

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) WHYY INC 23-1438083 501(C)(3) 15,444 INCUBATION LAB INDEPENDENT MALL WEST 150 NODTH

SIXTH STREET PHILADELPHIA, PA 19106					
WUOT-FM C/O UNIVERSITY OF	62-6001445	115	24,479		INCUBATION LAB
TENNESSEE 209					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMUNICATIONS BUILDING KNOXVILLE, TN 37996

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49322	25012	:041	
Sch	nedule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047	
(Forr	m 990)	For certain Office ▶ Complete if the org	, line 23.	2019 Open to Public					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	o <u>v/Form990</u> for	instructions and the latest inform	mation.		to Pul ectio		
Nar	me of the organiza				Employer identifica				
NAT	TONAL PUBLIC RADI	O INC			52-0907625				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
		or charter travel	$ \mathbf{\nabla}$	Housing allowance or residence for	personal use				
		companions	님	Payments for business use of perso					
		nification and gross-up payment	:s ∐	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all	4 - 3	2	Yes		
	airectors, truste	es, oπicers, including the CEO/E	executive Directo	r, regarding the items checked on Lir	ne Ia?				
3	organization's C	EO/Executive Director. Check al	ll that apply. Do i	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	✓ Compensa	ation committee		Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	☐ Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee				
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes		
b		• • •		lified retirement plan?		4b		No	
C	•			nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III.				
	Only 501(-)(2	) F01(-)(4) ===4 F01(-)(20)	\i_i_	t					
5		), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any					
,		ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a		No	
b						5b		No	
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section Ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	1?				6a		No	
b						6b		No	
	•	6a or 6b, describe in Part III.							
7	payments not de	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed it III		7		No	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No	
9				presumption procedure described in		9			
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	(Forn	1 990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compeni 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the		
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.									
(A) Name and Title	(	( <b>B)</b> Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in	
	(i) comp	(i) Base (ii) compensation Bonus & in compens		(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table									
	_								
	+-								

Schedule J (Form 990) 2019 Page 3 Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 1A REIMBURSEMENT OF RELOCATION EXPENSES TO NANCY BARNES WERE GROSSED-UP (TOTAL \$34,451). REIMBURSEMENTS OF RELOCATION EXPENSES TO NOELLE LACHARITE WERE GROSSED-UP (TOTAL \$1,392). NPR COVERS CERTAIN COSTS FOR ALL CORRESPONDENTS WHILE ON FOREIGN ASSIGNMENT. INCLUDING HOUSING, TRAVEL FOR HOME LEAVE, TUITION EXPENSES FOR CHILDREN, TAX ASSISTANCE, AND OTHER EXPENSES ASSOCIATED WITH LIVING AND WORKING ABROAD. NPR IMPUTES INCOME FOR BENEFITS THAT ARE CONSIDERED TAXABLE UNDER US OR APPLICABLE LOCAL LAW, AND PROVIDES A "GROSS"

Schedule 1 (Form 990) 2019

WORKING ABROAD. NPR IMPUTES INCOME FOR BENEFITS THAT ARE CONSIDERED TAXABLE UNDER US OR APPLICABLE LOCAL LAW, AND PROVIDES A "GROUP" FOR THE TAX IMPACT ON THE CORRESPONDENT OF THESE TAXABLE BENEFITS. FOR FRANK LANGFITT AND ROBERT SCHMITZ, TWO OF NPR'S FOREIGN CORRESPONDENTS, THE IMPUTED INCOME FOR THE TAXABLE BENEFITS, ASSOCIATED TAX GROSS UPS, AND OTHER TAXABLE PAYMENTS AND BENEFITS ASSOCIATED WITH THE INTERNATIONAL ASSIGNMENT ARE REFLECTED IN "PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION."

PART I, LINE 4A

STEPHANIE WITTE RECEIVED SEVERANCE PAYMENTS TOTALING \$76,170.32, AND REIMBURSEMENT OF LEGAL COSTS TOTALING \$15,000

Software ID: Software Version:

**EIN:** 52-0907625

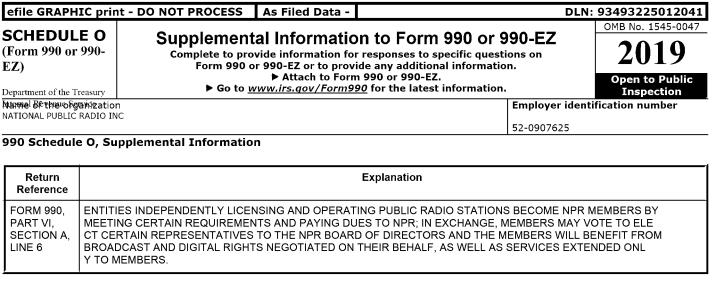
Name: NATIONAL PUBLIC RADIO INC

Form 990, Schedule	· J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1JARL MOHN NPR PRESIDENT & CEO (TO	(i)	403,211	150,000	16,181	18,200	11,910	599,502	0
10/14/19)	(ii)	0	0	0	0	0	0	0
1NANCY C BARNES SVP, NEWS AND EDITORIAL	(i)	410,769	0	34,471	0	14,292	459,532	0
	(ii)	0	0	0	0	0	0	0
2MICHAEL F BEACH VP, DISTRIBUTION	(i)	252,709	0	210	16,708	14,435	284,062	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> EDITH C CHAPIN VP & EXECUTIVE EDITOR	(i)	252,544	500	117	16,727	8,782	278,670	0
	(ii)	0	0	0	0	0	0	0
4DEBORAH A COWAN CFO & TREASURER	(i)	307,144	75,000	78	17,702	8,886	408,810	0
CI O & TREASORER	(ii)	0	0	0	0	0	0	0
5ELIZABETH A DANZICO	(i)	206,785	0	0	13,473	1,105	221,363	0
VP, DESIGN	(ii)	0						
<b>6</b> STACEY M FOXWELL	(i)	232,531	20,000	210	15,657	16,967	285,365	0
VP, OPERATIONS	(ii)							
<b>7</b> SARAH C GILBERT	(i)	251,999	0	0	16,354	1,260	269,613	0
VP, NEWS PROGRAMMING	(ii)	0			10,354 	1,260 	209,013 	
8MARGARET GOLDTHWAITE	(i)	300,225	45,000	303	17,821	17,298	380,647	0
CHIEF MARKETING OFFICER (TO 3/5/2020	(ii)							
9ANYA GRUNDMANN	(i)	334,824	15,000	171	18,200	14,233	382,428	0
SVP, PROGRAMMING AND AUD					18,200	14,233	302,420	
10JONATHAN D HART	(ii) (i)	381,064	0	0	10.300	0	520,502	0
CHIEF LEGAL OFFICER, GC,			114,699	247	18,200	14,292	528,502 	
11THOMAS R HJELM	(ii)	349,695	0	0	0	0	0	0
CHIEF DIGITAL OFFICER	(i)	349,695	50,000	117	18,200	8,996 	427,008	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> GEMMA HOOLEY SVP, MEMBER PARTNERSHIP	(i)	285,569	20,000	75	18,200	8,559	332,403	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> ELISABETH G LANG ASSISTANT TREASURER	(i)	192,881	0	210	13,190	16,893	223,174	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> KERRY I LENAHAN VP, PRODUCT	(i)	251,853	0	189	0	17,073	269,115	0
	(ii)	0	0	0	0	0	0	0
15EMILY M LITTLETON VP, CORP	(i)	199,718	5,000	0	13,000	1,800	219,518	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
16MICHAEL LUTZKY VP, BUSINESS	(i)	241,364	25,000	303	16,390	17,137	300,194	0
DEVELOPMENT (TO 6/1/202	(ii)	0	0	0	0	0	0	0
17LOREN A MAYOR PRESIDENT, OPERATIONS	(i)	405,656	52,280	303	18,200	17,364	493,803	0
(TO 3/15/2020)	(ii)	0				0		
18MATTHEW S MYERS	(i)	245,241	· ·	0	7,662	1,221	269,124	0
VP, BRAND & MARKETING (TO 9/30/2020)	(ii)				.,,502			
19CHRISTOPHER T NELSON	1`1	218,322	20,000	75	14,490	8,369	261,256	0
VP, TECHNOLOGY OPERATIONS							201,250	
	(ii)	U	0	0	0	0]	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (F) Compensation in (C) Retirement and other deferred (B)(i)-(D) column (B) benefits (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21MICHAEL E RIKSEN 279,475 247 18,200 14,161 312,083 VP, POLICY & REPRESENTATIO (ii) 1MICHELLE M SHANAHAN 241,533 13,900 15,674 2,223 273,330 ASSISTANT SECRETARY 2CARRIE STORER 188,868 10,044 198,912 CHIEF HUMAN RESOURCES OFFICER 3JOEL A SUCHERMAN 243,304 210 16,323 17,056 276,893 VP, NEW PLATFORM PARNERSHIP 4CHRISTOPHER A TURPIN 271,134 18,200 210 17,136 306,680 VP, SPEC PROJ & INNOVAT/ CHIEF OF ST 5KEITH M WOODS 253,687 303 17,073 17,166 288,229 VP, DVRSTY IN NEWS & OPS 6STEVEN A INSKEEP 477,929 303 19,600 17,364 515,196 HOST, MORNING EDITION AND UP FIRST 7FRANK D LANGFITT 148,770 200,823 10,151 25,303 385,047 INTERN'L CORRESPONDENT, LONDON 8PETER D SAGAL 400,640 45,000 303 19,600 17,364 482,907 HOST, WWDTM 9ROBERT J SCHMITZ (i) 153,093 203,890 9,356 25,425 391,764 INTERN'L CORRESPONDENT, BERLIN 10SCOTT SIMON 440,647 303 19,600 17,364 477,914 HOST, WE AND UP FIRST 11 158,247 21,080 10,387 7,716 197,430 STANLEY M GARRISON TO 762019 (ii) VP, TECH OPS & BRDCST ENG 12STEPHANIE A WITTE 150,788 (i) 50,000 125,868 7,998 4,459

CHIEF DEVELOPMENT OFFICER (TO 6/15/2

339,113



Return Reference	Explanation
PART VI, SECTION A,	NPR INC. IS GOVERNED BY A 23-MEMBER BOARD OF DIRECTORS ("NPR INC. BOARD") WHICH CONSISTS O F 12 INDIVIDUAL MEMBER STATION MANAGERS WHO ARE ELECTED BY THEIR FELLOW NPR INC. MEMBERS, AND 11 OTHER DIRECTORS. THE 11 OTHER DIRECTORS INCLUDE NPR INC.'S PRESIDENT, THE CHAIRPERS
LINE 7A	ON OF THE NPR FOUNDATION BOARD OF TRUSTEES, AND NINE PROMINENT MEMBERS OF THE PUBLIC ELECT  ED BY THE NPR INC. BOARD AND CONFIRMED BY NPR INC. MEMBERS.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, SAME AS 7A PART VI, SECTION A. LINE 7B

Return Explanation
Reference

FORM 990,	THE RETURN IS PREPARED AND REVIEWED BY NPR'S FINANCE DEPARTMENT. IT IS ALSO REVIEWED BY NP
PART VI,	R'S GENERAL COUNSEL'S OFFICE, KEY MEMBERS OF NPR'S LEADERSHIP, AND BY AN INDEPENDENT ACCOU
SECTION B,	NTING FIRM. THE FINAL VERSION IS MADE AVAILABLE TO ALL NPR DIRECTORS PRIOR TO FILING WITH
LINE 11B	THE IRS

Return Reference  FORM 990, PART VI, SECTION B, LINE 12C  NPR REGULARLY MONITORS AND SURVEYS DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO IDENTIFY POSS IBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSEL IS AUTHORIZED TO SEEK INFORMATION FROM D IRECTORS, OFFICERS, AND KEY EMPLOYEES AS TO CONFLICTS OF INTERESTS, NONPUBLIC CORPORATE IN FORMATION, AND GRATUITIES AS THEY DEEM APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFOR MATION ABOUT THE INTERESTS WHICH COULD LEAD TO CONFLICTS OF INTERESTS. IN REGARDS TO ACTUA L OR APPARENT CONFLICTS OF INTERESTS, A DIRECTOR SHALL: 1) REFRAIN FROM ANY USE OF THEIR POSITION AS A DIRECTOR WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE DIRECTOR OR FOR ANOTHER PERSON OR ORGANIZATION WITH WHICH THEY ARE ASSOCIATED; 2) DISQUALIFY THEMSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH DIRECTOR SOR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESARRY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE OF THAT DISQUALIFICATION, AND IF THE DIRECTOR RHAS NOT ALREADY DONE SO, THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS OR COMMITTEE MEMBERS AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IN CER TAIN CIRCUMSTANCES, A DIRECTOR MAY REQUEST, IN A WRITING DIRECTED TO THE GENERAL COUNSEL, THAT A DISCLOSURE BE TREATED CONFIDENTIALLY. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR, BOARD, OR COMMITTEE SHALL REQUEST A WRITTEN OPINI ON FROM NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S INVOLVEMENT. AFTER CONSULTING WITH NPR'S GENERAL COUNSEL, THE CHAIR OF THE BOARD SHALL MOVE THAT THE BOARD V		
PART VI, SECTION B, LINE 12C  IBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSÉL IS AUTHORIZED TO SEEK INFORMATION FROM D IRECTORS, OFFICERS, AND KEY EMPLOYEES AS TO CONFLICTS OF INTERESTS, NONPUBLIC CORPORATE IN FORMATION, AND GRATUITIES AS THEY DEEM APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFOR MATION ABOUT THE INTERESTS WHICH COULD LEAD TO CONFLICTS OF INTERESTS. IN REGARDS TO ACTUA L OR APPARENT CONFLICTS OF INTERESTS, A DIRECTOR SHALL: 1) REFRAIN FROM ANY USE OF THEIR POSITION AS A DIRECTOR WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE DIRECTOR OR FOR ANOTHER PERSON OR ORGANIZATION WITH WHICH THEY ARE ASSOCIATED; 2) DISQUALIFY THEMSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH DIRECTORS OR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESARRY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE OF THAT DISQUALIFICATION, AND IF THE DIRECTOR RHAS NOT ALREADY DONE SO, THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS OR COMMITTEE MEMBERS AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IN CERTAIN CIRCUMSTANCES, A DIRECTOR MAY REQUEST, IN A WRITING DIRECTED TO THE GENERAL COUNSEL, THAT A DISCLOSURE BE TREATED CONFIDENTIALLY. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR, BOARD, OR COMMITTEE SHALL REQUEST A WRITTEN OPINI ON FROM NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S INVOLVEMENT. AFTER		Explanation
OTE SUCH CORRECTIVE ACTIONS AS MAY BE NECESSARY OR APPROPRIATE TO REMEDY ANY VIOLATION OF THE CONFLICT OF INTEREST POLICY FOR NPR DIRECTORS AS DETERMINED BY THE BOARD. SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY DIRECTOR. CONFLICTS OF IN TERST INVOLVING OFFICERS AND KEY EMPLOYEES OTHER THAN DIRECTORS ARE ADDRESSED IN A SIMILAR MANNER.	PART VI, SECTION B,	IBLE CONFLICTS OF INTEREST. NPR'S GENERAL COUNSEL IS AUTHORIZED TO SEEK INFORMATION FROM D IRECTORS, OFFICERS, AND KEY EMPLOYEES AS TO CONFLICTS OF INTERESTS, NONPUBLIC CORPORATE IN FORMATION, AND GRATUITIES AS THEY DEEM APPROPRIATE, INCLUDING PERIODIC DISCLOSURE OF INFORM MATION AND UTHE INTERESTS WHICH COULD LEAD TO CONFLICTS OF INTERESTS. IN REGARDS TO ACTUAL OR APPARENT CONFLICTS OF INTERESTS, A DIRECTOR SHALL: 1) REFRAIN FROM ANY USE OF THEIR POSITION AS A DIRECTOR WHICH IS MOTIVATED BY, OR GIVES THE APPEARANCE OF BEING MOTIVATED BY, THE DESIRE FOR GAIN FOR THE DIRECTOR OR FOR ANOTHER PERSON OR ORGANIZATION WITH WHICH THEY ARE ASSOCIATED; 2) DISQUALIFY THEMSELF FROM FORMAL OR INFORMAL DISCUSSIONS WITH DIRECTORS OR PARTICIPATION IN ANY DECISIONS WHICH POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF SUCH DISQUALIFICATION IS NECESSARRY, THE DIRECTOR SHALL INFORM THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE OF THAT DISQUALIFICATION, AND IF THE DIRECTOR RHAS NOT ALREADY DONE SO, THE CHAIR SHALL AS SOON AS POSSIBLE THEREAFTER INFORM THE OTHER DIRECTORS OR COMMITTEE MEMBERS AND NPR'S GENERAL COUNSEL OF SUCH DISQUALIFICATION. IN CERTAIN CIRCUMSTANCES, A DIRECTOR MAY REQUEST, IN A WRITING DIRECTED TO THE GENERAL COUNSEL, THAT A DISCLOSURE BE TREATED CONFIDENTIALLY. IF THERE IS ANY QUESTION AS TO WHETHER THERE IS A CONFLICT OF INTEREST, THE DIRECTOR, BOARD, OR COMMITTEE SHALL REQUEST A WRITTEN OPINI ON FROM NPR'S GENERAL COUNSEL REGARDING THE PROPRIETY OF THE DIRECTOR'S INVOLVEMENT. AFTER CONSULTING WITH NPR'S GENERAL COUNSEL, THE CHAIR OF THE BOARD SHALL MOVE THAT THE BOARD VOTE SUCH CORRECTIVE ACTIONS AS MAY BE NECESSARY OR APPROPRIATE TO REMEDY ANY VIOLATION OF THE CONFLICT OF INTEREST POLICY FOR NPR DIRECTORS AS DETERMINED BY THE BOARD. SUCH MOTION SHALL BE MADE AT THE CHAIR'S INITIATIVE OR AT THE REQUEST OF ANY DIRECTORS. ARE ADDRESSED IN A SIMILAR

Return

Reference	· ·
FORM 990,	NPR SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE UNDER SECTION 4958 AND REPRESENTS THE
PART VI,	FAIR MARKET VALUE FOR SERVICES RENDERED. NPR ROUTINELY UTILIZES BENCHMARK STUDIES AND INDE
SECTION B,	PENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NONPROFIT AND MEDIA ORGANIZATIONS, PR
LINE 15	PPARED BY COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENS
	ATION ADJUSTMENTS ARE AWARDED. NPR SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET
	RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER NPR'S CONFLICT OF INTEREST POLICY
	S PERMITTED TO PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. NPR MAI
	NTAINS ALL RECORDS REGARDING COMPENSATION DECISIONS.

Explanation

Return Explanation

FORM 990, AUDITED FINANCIAL STATEMENTS AND FORMS 990 AND 990-T ARE POSTED AND AVAILABLE FOR DOWNLOAD AT WWW.NPR.ORG (HTTP://www.nPR.ORG/ABOUT-NPR/178660742/PUBLIC-RADIO-FINANCES). ARTICLES O SECTION C, LINE 19

Return Reference	Explanation
COMMITTEE: FORM 990, PART VI, LINE 1A	THE BOARD OF DIRECTORS MAY, UPON THE RECOMMENDATION OF THE CHAIR AND BY RESOLUTION PASSED BY THE AFFIRMATIVE VOTE OF THE MAJORITY OF THE DIRECTORS PRESENT AT A MEETING AT WHICH A Q UORUM IS PRESENT, DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, PR ESIDENT, THE CHAIR OF EACH OF THE ADDITIONAL COMMITTEES AND BODIES DESIGNATED BY THE BOARD OF DIRECTORS (EXCLUDING ANY CHAIRS WHO ARE NOT DIRECTORS OF THE BOARD), AND OTHER DIRECTO RS APPOINTED BY THE CHAIR, SUBJECT TO APPROVAL BY A MAJORITY OF DIRECTORS PRESENT AT A MEE TING AT WHICH A QUORUM IS PRESENT. IF DESIGNATED, THE EXECUTIVE COMMITTEE SHALL MEET AT THE E CALL OF THE CHAIR OR OF AT LEAST THREE (3) MEMBERS OF THE COMMITTEE. AT THE REQUEST OF THE CHAIR, THE EXECUTIVE COMMITTEE SHALL OVERSEE THE OPERATIONS AND ACTIVITIES OF THE CORPO RATION BETWEEN MEETINGS OF THE BOARD, INCLUDING HAVING AND EXERCISING THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL NO LATER THAN TEN DAYS BEFORE THE NEXT MEETING OF THE BOARD OF DIRECTORS REPORT TO THE ENTIR E BOARD OF DIRECTORS ANY ACTIONS IT TAKES EXERCISING THAT AUTHORITY. THE EXECUTIVE COMMITT EE SHALL NOT AUTHORIZE DISTRIBUTIONS, APPROVE OR RECOMMEND TO MEMBERS DISSOLUTION, MERGER, OR THE SALE, PLEDGE OR TRANSFER OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; ELECT, APPOINT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY OF ITS COMMITTEES; OR ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION.

Return Reference	Explanation
	NPR CONTINUES TO CONSIDER ITS OPTIONS REGARDING A JOINT VENTURE POLICY, IN THE MEANTIME, K EY NPR DEPARTMENTS INVOLVED IN THE DECISION MAKING PROCESS FOR NEW JOINT VENTURES HAVE BEE N EDUCATED AND FULLY UNDERSTAND THE REQUIREMENTS NECESSARY OF AN EXEMPT ORGANIZATION TO SA FEGUARD ITS EXEMPTION STATUS WHILE PARTICIPATING IN ANY BUSINESS RELATIONSHIPS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

DLN: 93493225012041

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL PUBLIC RADIO INC 52-0907625 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (c) (d) (g) (e) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No Yes (1)NPR FOUNDATION GENERAL SUPPORT DC 501(C)(3) 509(A)(3) NPR INC Yes 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002 52-1795789 (2)AMERICAN COALITION FOR PUBLIC RADIO DC NPR INC INFORMATION 501(C)(4) Yes 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002 82-1246245 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organiza one or more related organizations treated	<b>tions Taxable as</b> ated as a partnersl	<b>a Partnership</b> hip during the ta	. Comp ax year	lete if the	organizati	on ar	nswered "\	es" on For	m 990	), Part	IV, line 34	, bec	ause	it had	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	unrelate excluded tax und sections	lated, ed, from ler 5 <b>1</b> 2-	(f) Share of tota income	(g) Share of end-of-year assets	(l Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	<b>(k</b> Percer owner	ntage
					514)				Yes	No	1	Yes	No		
(1) NATIONAL PUBLIC MEDIA 156 W 56 ST NEW YORK, NY 10019		MEDIA UNDERWRITER	NY	NPR ASSET HOLDING COMPANY	RELATED		314,488			No			No	72.0	000 %
26-1156765 (2) PODCAST MEDIA LLC		PODCAST	NY	NPR ASSET	RELATED		-746,303	:		No			No	34.7	790 %
160 VARICK STREET NEW YORK, NY 10013 82-4709326		PLATFORM OPERATOR		HOLDING COMPANY										34.7	
Part IV Identification of Related Organiza because it had one or more related or							nization ar	swered "Ye	es" on	Form	990, Part 1	V, lir	ne 34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le dor (state d	( <b>c)</b> egal nicile or foreign intry)		(d) ect controlling entity	(C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total income		(g) e of end year assets	l-of- Perd	(h) entage ership		(i Section (13) cor enti	ntrolled ty?
(1)NPR ASSET HOLDING COMPANY INC	HOLDING COMPANY		OC	NPR	INC	С		-436,321		4,805,	379 100	000 %		Yes Yes	No
1111 NORTH CAPITOL ST NE WASHINGTON, DC 20002 83-2226766								1337321		.,000,				, 55	
								_							

Pa	Irt V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 [	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	1	No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	<u> </u>	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	$\vdash$
а	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	

n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	_
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  Additional Data Table			
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amo	nount i	nvolve	d

Name of related organization Transaction type (a-s) Method of determining amount involved Amount involved

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page <b>5</b>					
Part VII	Supplemental Info	al Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						

#### **Additional Data**

NPR FOUNDATION

NPR FOUNDATION

NPR FOUNDATION

NATIONAL PUBLIC MEDIA LLC

NATIONAL PUBLIC MEDIA LLC

NATIONAL PUBLIC MEDIA LLC

AMERICAN COALITION FOR PUBLIC RADIO

#### **Software ID: Software Version:**

**EIN:** 52-0907625

Name: NATIONAL PUBLIC RADIO INC

type(a-s)

С

Ν

0

В

Α

Ρ

Q

(c) Amount Involved

17,326,366

273,226

100,032

254,046

608,525

14,209,565

5,223,258

FMV

FMV

FMV

FMV FMV

FMV

FMV

(d)
Method of determining amount involved

	Transactions With Deleted Overnientions	

Form 990, Schedule R, Part V - Transactions With Related Organizations	
(a)	(b)
Name of related organization	Transaction